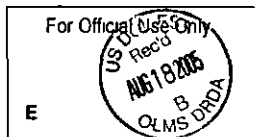


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9897</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Patrick</u> <u>A</u> <u>Hansen</u> P O Box, Bldg, Room No, if any _____ Street <u>314 Woodland W Drive</u> City <u>Greenfield</u> State <u>Indiana</u> ZIP Code + 4 <u>46140</u>	4 Name, file number, and address of labor organization Name <u>Plasterers and Cement Masons AFL-CIO #692</u> Labor Organization File Number <u>530-002</u> P O Box, Building and Room Number, if any _____ Street <u>220 North Fulton Street</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46202</u>
5 Position in labor organization <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ _____ _____ 7 b Amount _____ _____ _____ \$0.

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Patrick A. Hansen</u>	On <u>8/11/05</u> Date	<u>317-894-2050</u> Telephone Number

Name of Person Filing Patrick Hansen

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Enchanced Investment Technologies, LLC

Trade Name, if any

P O Box, Bldg, Room No, if any Harbour Financial Center

Street 2401 P G A Boulevard, Suite 200

City Palm Beach Gardens

State Florida ZIP Code + 4 33410

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IN ST COUNCIL OF PLASTERERS C MASONS HW FUND

Trade Name, if any

P O Box, Bldg, Room No, if any P.O. BOX 50440

Street

City INDIANAPOLIS

State Indiana ZIP Code + 4 46250-0440

11 a Nature of such dealing

After Meeting Dinner
August 2004

11 b Approximate dollar value of such dealing

\$110

12 a Nature of interest held or income received

After Meeting Dinner
August 2004

12 b Amount

\$0

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

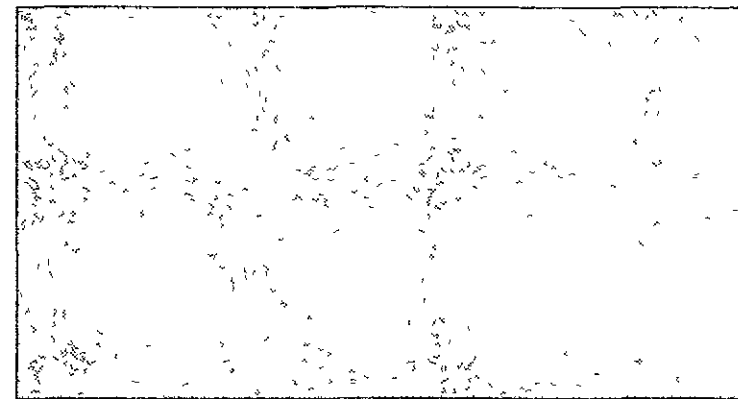
P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment



14 b Amount of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name IN-ST COUNCIL OF PLASTERERS C MASONS HW FUND

Trade Name, if any

P O Box, Bldg, Room No, if any P O BOX 50440

Street

City INDIANAPOLIS

State Indiana ZIP Code + 4 46250-0440

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Indiana State Council Of Plasterers and Cement
Masons Health and Welfare Fund
The Fund provides Health Insurance and Benefits for
it Participants
Participants Yearly cost of Program = \$6,300 00
Benefits paid by fund in 2004 was \$7,368,905

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

IFEBP Registration for Confrence (New Orleans) 1200 00
Conference Advance IFEBP 2100 00
Refund Conference IFEBP -610 54
Refund IFEBP Pre-Conference -285.00
Conference expense paid by Pension Fund = 1202 23
Conference expense paid by Health Fund = 1202.23

12 b Amount.

\$2,404

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

14 b Amount of payment

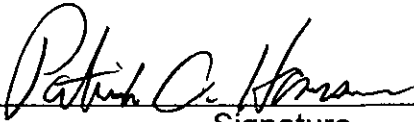
13 b Is the Business an Employer ☐ or Consultant ☐ ?

13 a

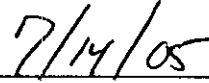
Pat Hansen

07/14/2005

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.



Signature



Date